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# THE SCHOOL REVIEW

A JOURNAL OF SECONDARY EDUCATION

VOLUME XXI

DECEMBER 1913

NUMBER 10

## SOME VITAL STATISTICS OF CHILDREN OF SCHOOL AGE

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The present discussion is practically limited to observations on the mortality statistics of children of school age as returned by the Division of Vital Statistics of the Bureau of the Census for the calendar year 1911. The term "children of school age" is, of necessity, limited to ages five to nineteen, inclusive, since the census returns do not give the data by causes and single years of life, but only by the two divisional periods, five to nine and ten to nineteen years. The mortality returns also cannot, at the present time, be scientifically correlated to the population of corresponding ages, since the required information for the registration area has not as yet been made public by the Census Office. For the present purpose, however, this limitation is not of material importance. The following table will emphasize the practical importance of the present discussion, which affects the health and longevity of nearly thirty million children and young persons of school age.

According to this table the population of the United States, ages five to nineteen, in the year 1910 was 27,931,375. Making allowance for the increase in population during the intervening period, the number of children and young persons of school age within the previous definition of the term may be conservatively estimated at 30,000,000 for the middle of the year 1913.

Of the population of school age a considerable proportion of both children and young persons are not at school, and a fair proportion are still within the illiterate class, which, however, is gradually diminishing throughout the United States. The percentage of children not at school of the age period five to six is quite large, and an equally large proportion of young persons of ages fifteen to nineteen are not at school for economic, physical,

TABLE I

POPULATION OF THE UNITED STATES, AGES FIVE TO NINETEEN YEARS, CENSUS OF 1910

Ages	Males	Females	Total
5-9.....	4,924,123	4,836,509	9,760,632
10-14.....	4,601,753	4,505,387	9,107,140
15-19.....	4,527,282	4,536,321	9,063,603
5-19.....	14,053,158	13,878,217	27,931,375

or other reasons. The census of 1910 fortunately gives the returns of the persons actually enrolled in the schools of the United States during the year 1909-10, being apparently an adaptation of the statistics annually collected by the Bureau of Education. According to these returns the number of children and young persons at school during the year 1909-10 was 18,009,891. Making allowance for the increase in the population of school age during the intervening period, it is safe to assume that for the year 1913 the school enrolment was about 20,000,000. The explanatory note in the census report with reference to the foregoing statement reads as follows:

It is not to be understood that all of these persons were in school on April 15, or that they were simultaneously attending school at any time during the period. They represent the whole number who had any relation as pupils to the schools of the country during this time, and may, for brevity, be designated as persons attending school in 1909-10. Though the period falls from two to two and a half months short of the entire school year 1909-10, the number of persons who enter school in April, May, and June of any school year who have not been at school earlier in the year is an insignificant part of the whole enrolment. Hence the period covered by the census enumeration can be regarded as practically identical with the school year.

In more detail, the school enrolment, with reference to the corresponding population of school age, is set forth in the following table, also derived from the final census report for 1910:

TABLE II  
POPULATION OF SCHOOL AGE AND SCHOOL ENROLMENT, 1909-10

AGE PERIOD	POPULATION, 1910	PERSONS ATTENDING SCHOOL, 1909-10	
		Number	Percentage
Total.....	91,972,266	18,009,891	19.6
Under 6 years.....	12,666,762	396,431	3.1
6 to 20 years.....	27,750,599	17,300,204	62.3
6 to 9 years.....	7,725,234	5,678,320	73.5
10 to 14 years.....	9,107,140	8,028,662	88.2
15 to 20 years.....	10,918,225	3,593,222	32.9
15 to 17 years.....	5,372,176	2,748,386	51.2
18 to 20 years.....	5,546,049	844,836	15.2
21 years and over.....	51,554,905	313,256	0.6

In Table II the facts are unfortunately not given by single years of life, which would be desirable for the purpose of showing precisely the number of persons at school or enrolled for school purposes during each year of the educational period, five to nineteen years, inclusive. The table, however, is fully sufficient for the present purpose to emphasize the fact that out of approximately 30,000,000 persons of school age, five to nineteen years, inclusive, 62 per cent, or from about 18,000,000 to 20,000,000, are actually at school and, therefore, subject to the physical, mental, and moral strain of school life.

The mortality returns of the United States are limited to the so-called registration area, which includes the states and cities for which the death certificates are accepted by the Division of Vital Statistics of the Census Office. The population of this area in 1911 was 59,275,000, equivalent to 63.1 per cent of the total population of the continental United States. The actual area of the so-called registration states for 1911 represented, however, only 37.2 per cent of the total land area of the United States, so that for a considerable section, chiefly rural, of course, we at

present have no trustworthy and absolutely conclusive information regarding the local death-rate from all causes and from particular causes in detail. It is, therefore, undoubtedly somewhat hazardous in statistical practice to accept the returns for the registration area as conclusive for the country at large but for the time being there is no alternative. It is safe, however, to assume that in any event the conclusions are not likely to be seriously in error with respect to the principal causes of death, and that the margin of doubt affects chiefly the less important causes, or such, for illustration, as are limited to less than 1,000 deaths per annum in the registration area. It has seemed advisable, however, for the present purpose, to estimate the probable mortality for the country at large, and, subject to the foregoing words of caution, the conclusions may be accepted with confidence as being approximately correct.

The total number of deaths in the registration area during the year 1911 was 839,284. For ages five to nineteen, inclusive, this mortality was distributed as follows:

TABLE III  
MORTALITY, AGES FIVE TO NINETEEN  
(U.S. Registration Area, 1911)

Ages	Reg. Area No. Deaths	Percentage	Estimate for the Continental United States
5-9.....	18,112	35.1	28,749
10-14.....	12,337	23.9	19,583
15-19.....	21,154	41.0	33,577
	51,603	100.0	81,909
5-19.....	51,603	6.1	81,909
All other ages.....	787,681	93.9	1,250,288
All ages.....	839,284	100.0	1,332,197

It is shown by Table III that during the year 1911 there were in the registration area 51,603 deaths at ages five to nineteen, of which 35.1 per cent occurred at ages five to nine, 23.9 per cent at ages ten to fourteen, and 41.0 per cent at ages fifteen to nineteen. Of the mortality at all ages 6.1 per cent occurred at the age period

five to nineteen years, inclusive. When these statistics are applied to the total population of the United States as estimated by the Census Office for the year 1911 at 93,927,000, it is shown that the probable total number of deaths, ages five to nineteen, in the entire continental United States during that year was 81,909, of which 28,749 were deaths at ages five to nine, 19,583 at ages ten to fourteen, and 33,577 at ages fifteen to nineteen.

Before proceeding to a discussion in detail of the causes of death at ages five to nineteen, and their relation to modern methods of prevention and sanitary control, the following table of comparative death-rates is included for the purpose of convenient reference and comparison:

TABLE IV  
COMPARATIVE MORTALITY RATES, BY DIVISIONAL PERIODS OF LIFE  
(United States Registration Area, 1900-1911)  
Rate per 1,000 of Population

	MALES		FEMALES	
	1900	1911	1900	1911
Under 1 year.....	178.4	138.6	145.0	112.1
1 to 4 years.....	20.4	13.3	19.1	12.2
Under 5 years.....	54.1	39.8	45.7	33.3
5 to 9 years.....	4.7	3.4	4.6	3.1
10 to 14 years.....	2.9	2.4	3.1	2.1
15 to 19 years.....	4.9	3.7	4.8	3.3
20 to 24 years.....	7.0	5.3	6.7	4.7
25 to 34 years.....	8.3	6.7	8.2	6.0
35 to 44 years.....	10.8	10.4	9.8	8.3
45 to 54 years.....	15.8	16.1	14.2	12.9
55 to 64 years.....	28.8	30.9	25.8	26.0
65 to 74 years.....	59.5	61.6	53.7	55.1
75 years and over.....	145.9	147.4	139.3	139.2

Limiting the analysis of this table to the three divisional periods of life within the scope of the present discussion, it appears that at ages five to nine the male death-rate has decreased during the intervening decennium from 4.7 per 1,000 of population to 3.4. The death-rate at ages ten to fourteen years decreased from 2.9 to 2.4; but at ages fifteen to nineteen there was a decline from 4.9 to 3.7. The corresponding decreases in the female death-rate were as follows: at ages five to nine the death-rate declined from

4.6 to 3.1 per 1,000; at ages ten to fourteen, from 3.1 to 2.1; and at ages fifteen to nineteen, from 4.8 to 3.3. In other words, the death-rates of 1911 as compared with 1900 were, for males, 72 per cent at ages five to nine, 83 per cent at ages ten to fourteen, and 76 per cent at ages fifteen to nineteen; and for females, 67 per cent at ages five to nine, 68 per cent at ages ten to fourteen, and 69 per cent at ages fifteen to nineteen. It is therefore shown that there was a larger relative decline in the mortality of females than of males, and that the least decline occurred for males at ages ten to fourteen, when, however, the actually attained death-rates are relatively very low. The table is of interest in further emphasizing the well-known fact that commendable progress has been made in the public health of the United States during the past decade, and that this improvement has been of no inconsiderable advantage to the population of school age, or from five to nineteen years, inclusive.

It would obviously be impossible in a discussion of this kind to include all of the numerous causes of death which affect the population at ages five to nineteen. I have therefore limited the discussion to thirty-seven principal causes, represented by at least 250 deaths in the registration area during the year 1911. These thirty-seven causes are represented by 46,524 deaths out of a total of 51,603 deaths from all causes. At ages five to nine the thirty-seven causes are represented by 16,236 deaths, or 89.6 per cent of the 18,112 deaths from all causes at this period of life. At ages ten to nineteen the thirty-seven causes are represented by 30,288 deaths, or 90.4 per cent of the 33,491 deaths from all causes at this period of life. The details are presented in tabular form in Appendix A.

I am not aware of any similar analysis having heretofore been made of the mortality of the age period five to nineteen years by the principal causes of death. Some of the results set forth are certainly suggestive of a very considerable possibility of a further and material reduction in the mortality of child life and the early period of adolescence. According to the table the leading cause of death at ages five to nineteen was tuberculosis of the lungs, represented by 7,394 deaths, or 14.3 per cent of the mortality from

all causes at this period of life; the next most important cause of death was accidents, represented by 7,142 deaths, or 13.8 per cent of the mortality from all causes at ages five to nineteen; the third leading cause was diphtheria and croup, represented by 3,661 deaths; followed by typhoid fever, with 3,298 deaths; organic diseases of the heart, with 3,021 deaths; and appendicitis and typhlitis, with 2,119 deaths. In other words, the causes of death during the period of school life are, in the order of their importance, according to American experience: (1) tuberculosis of the lungs, (2) accidents, (3) diphtheria and croup, (4) typhoid fever, and (5) organic diseases of the heart. These five causes account for 24,516 deaths out of a total of 51,603 deaths from all causes at ages five to nineteen, or 47.5 per cent. With the exception of organic diseases of the heart, of which, however, also a fair proportion are within the preventable class, the other four causes are largely preventable and within the scope of federal and state control in matters of public health. The larger significance of these conclusions, however, is brought out by the table in Appendix B, in which the mortality by thirty-seven specified causes has been estimated for the entire continental United States separately for each of the two periods, five to nine years and ten to nineteen years, and in the aggregate for the period five to nineteen years considered as a group. On the basis of this estimate it appears that during 1911 there were approximately 81,909 deaths from all causes among persons of school age, and of this number 73,843, or 90.2 per cent, were deaths attributable to the thirty-seven specified causes. The table would seem to warrant the conclusion that at the present time there are annually in the United States, among children and young persons of school age, with estimates brought down to 1913, 12,229 deaths from tuberculosis of the lungs, 11,812 from accidents, 6,056 from diphtheria and croup, 5,455 from typhoid fever, 4,996 from organic diseases of the heart, 3,504 from appendicitis and typhlitis, 3,481 from scarlet fever, 2,648 deaths from lobar pneumonia, and 2,301 from ill-defined forms of pneumonia. These are the principal causes of death and with few exceptions they all fall strictly within the field of preventive medicine and scientific methods of public hygiene.



The table presents some very interesting medical and moral problems in the minor causes of death, which, however, require on this occasion no extended discussion. The mortality from malaria is unquestionably underestimated in that the non-registration area of the United States includes the entire rural South, where malaria continues to be more or less common, especially, of course, in the low-lying and ill-drained lands of the coastal plain and the delta region. The mortality from tetanus, represented by 575 deaths in 1911, is also probably an underestimate, but no thorough inquiry has been made into the geographical distribution of what is, without question, a strictly preventable disease. The mortality from cancer (including Sarcoma), represented by 462 deaths at ages five to nineteen, is of special interest to students of the subject of malignant diseases, since, as a general principle of medicine, it is often assumed that cancer is of comparatively rare occurrence during the early years of life. As shown by the table, there were approximately 127 deaths from cancer at ages five to nine, and 335 at ages ten to nineteen. The mortality from acute articular rheumatism is relatively high and represented by 1,660 deaths at ages five to nineteen, and the same conclusion applies to diabetes, represented by 980 deaths. Both of these causes are probably closely related to erroneous methods of nutrition, and possibly the same conclusion applies to acute nephritis and Bright's disease, represented respectively by 910 and 1,501 deaths during the year 1911.

Acute anterior poliomyelitis is represented by 397 deaths in 1911, but the variable incidence of this disease does not warrant definite conclusions on the basis of a single year, since its epidemic occurrence might easily double or treble the annual mortality. Epilepsy is represented by 636 deaths. The probable close relation of many cases of epilepsy to uncorrected eye-strain suggests far-reaching possibilities of preventing what must be considered one of the most lamentable causes of death in childhood and early adolescence. The large loss of life from appendicitis, represented by 3,363 deaths, suggests the obvious neglect of early operative treatment, which, according to absolutely trustworthy statistics, is entirely successful in the overwhelming majority of cases. The

mortality from simple peritonitis, represented by 574 deaths; puerperal sepsis, represented by 638 deaths; and puerperal albuminuria, with 417 deaths, all suggest shortcomings in medical practice or neglect or delay in medical attendance, since in a large majority of cases these diseases also fall strictly within the preventable class. Deplorable aspects of early adolescence are revealed by 632 deaths from suicide at ages ten to nineteen, although there would seem to be no very conclusive evidence that child suicides are materially on the increase, as is apparently the case in certain European countries. There can be no question of doubt, however, that many suicides could be prevented by more skilful attention to obvious evidences of abnormal or disturbed mentality, the symptoms of which have been so admirably described in the monumental work on *Adolescence*, by G. Stanley Hall. The fact that during 1911 there should have been 560 homicidal deaths of children and young persons reflects the low moral standard of the entire United States in the increasing disregard for the sanctity of human life. As brought out by my analysis of the homicide record of American cities, the rate has rapidly increased from an average of 4.9 per 100,000 of population during the decade ending with 1892, to 7.5 for the decade ending with 1912.<sup>1</sup>

Numerically, however, of most importance are the three causes first referred to, that is, tuberculosis of the lungs, accidents, and diphtheria and croup. The problem of tuberculosis has fortunately been made a matter of nation-wide concern during recent years, although as yet insufficient attention has been given to the occurrence of tuberculosis in infancy and early childhood. The fact is frequently overlooked that the proportionate mortality from tuberculosis of the lungs is highest at ages twenty-five to thirty-four, and there are the most convincing reasons for accepting the view that the disease is contracted, as a rule, during early infancy or early adolescence. The urgency of more scientific research into the causes of tuberculosis in infancy and childhood, and the best possible methods of prevention, might properly be suggested to the National Association for the Study and Prevention of

<sup>1</sup> See my discussion of the Homicide Record for 1912 in *The Spectator*, a New York insurance periodical, for Nov. 6, 1913.

Tuberculosis, which has rendered such conspicuous service in bringing about a general reduction in the death-rate from this widespread and deplorable disease. The problem, however, of providing more adequately and more in conformity to medical requirements, for the needs of tuberculous school children, is strictly the concern of educational authorities, and reference may appropriately be made here to the admirable discussions of the subject in the annual reports of the Medical Officer (Education) of the London County Council, and the Chief Medical Officer of the Board of Education of England and Wales.

It would serve no practical purpose to discuss the prevention of diphtheria and croup and other acute infectious diseases of childhood and early adolescence, since more or less adequate public attention is being given to these subjects by the public health authorities throughout the country, but it may properly be emphasized, in conclusion, that the most neglected field of child life in its relation to preventable mortality is the lamentable annual loss of young lives by accidents, which in the overwhelming majority of cases are unquestionably the result of gross indifference and neglect on the part of either the parents, the public authorities, or of foolish daring and exploits on the part of the children, which could be prevented in at least a number of cases by proper attention to the educational aspects of accident prevention. It is much to the credit of the American Museum of Safety that they have originated a nation-wide campaign in the safety instruction of school children, and too much cannot be said in praise of the hearty co-operation of the educational authorities of the state and city of New York. As far as I know, the safety education of school children has for the first time been made compulsory in the state of New Jersey by a very recent act of the legislature, so that for the present the actual results of such education cannot be reported upon. It requires, however, no very extended knowledge of the deplorable details of accidents to child life to bring out the almost infinite possibilities of life-saving in a direction which, as previously stated, is probably the most neglected phase of the modern problem of the conservation of human life and health.

The mortality of children and young persons of school age involves many other than medical considerations. There is a serious economic loss involved in the needless waste of children's lives, readily shown by a brief consideration of the normal cost of education and the resulting waste to the community in the case of children educated at public expense for a number of years but curtailed in their normal expectation of life by preventable deaths in early childhood or early adolescence. The average cost of public-school education, ages five to nineteen years, is approximately estimated by the Bureau of Education at \$35 per annum. On the assumption that there are 85,000 deaths per annum at ages five to nineteen in the United States at the present time, and that the average duration of education previous to death is five years, the net estimated loss per pupil would be \$175, and \$14,875,000 for the entire mortality. This loss is absolute in every sense of the word, and may be restated in the words that annually some eighty-five thousand children die in this country at a period of life when they have received, more or less at public expense, a considerable amount of costly education, without any actual or prospective financial returns to the community. The education authorities are, therefore, equally interested with those responsible for the public health in the more effective conservation of child life as an economic problem, while to parents and the community at large the preventable mortality of children is primarily a question of improved methods of the medical supervision of school children, of the more effective control of acute infectious diseases, of the elimination of needless accidents, and higher standards of personal hygiene in childhood and early adolescence.<sup>1</sup>

<sup>1</sup> For a more extended discussion, see my address on "Medical and Social Aspects of Child Labor," *Proceedings National Conference of Charities and Correction*, 1903, and "Medical and Physical Examination of School Children," *Quarterly Publication American Statistical Association*, June, 1911.

## APPENDIX A

## MORTALITY AT SCHOOL AGES

(United States Registration Area, 1911)

Diseases	Ages 5-9	Per- centage	Ages 10-19	Per- centage	Ages 5-19	Per- centage
Typhoid fever.....	747	4.1	2,551	7.6	3,298	6.4
Malaria.....	104	0.6	166	0.5	270	0.5
Measles.....	501	2.8	303	0.9	804	1.6
Scarlet fever.....	1,485	8.2	620	1.8	2,105	4.1
Whooping cough.....	243	1.3	32	0.1	275	0.5
Diphtheria and croup.....	2,778	15.3	883	2.6	3,661	7.1
Influenza.....	99	0.6	232	0.7	331	0.6
Tetanus.....	151	0.8	211	0.6	362	0.7
Tuberculosis of lungs.....	579	3.2	6,815	20.3	7,394	14.3
Acute miliary tuberculosis.....	106	0.6	544	1.6	650	1.3
Tubercular meningitis.....	606	3.3	490	1.5	1,096	2.1
Abdominal tuberculosis.....	142	0.8	374	1.1	516	1.0
Other forms of tuberculosis.....	180	1.0	456	1.4	636	1.2
Cancer (all forms).....	80	0.4	211	0.6	291	0.6
Acute articular rheumatism.....	419	2.3	627	1.9	1,046	2.0
Diabetes.....	153	0.8	464	1.4	617	1.2
Simple meningitis.....	368	2.0	302	0.9	670	1.3
Cerebrospinal meningitis.....	240	1.3	217	0.6	457	0.9
Acute anterior poliomyelitis.....	148	0.8	102	0.3	250	0.5
Epilepsy.....	82	0.5	319	1.0	401	0.8
Acute endocarditis.....	214	1.2	413	1.2	627	1.2
Organic diseases of the heart.....	830	4.6	2,191	6.5	3,021	5.9
Broncho-pneumonia.....	622	3.4	336	1.0	958	1.9
Lobar-pneumonia.....	530	2.9	1,071	3.2	1,601	3.1
Pneumonia (undefined).....	553	3.1	838	2.5	1,391	2.7
Diarrhoea and enteritis.....	413	2.3	179	0.5	592	1.1
Appendicitis and typhlitis.....	588	3.2	1,531	4.6	2,119	4.1
Intestinal obstruction.....	142	0.8	186	0.6	328	0.6
Simple peritonitis.....	108	0.6	254	0.8	362	0.7
Acute nephritis.....	253	1.4	320	1.0	573	1.1
Bright's disease.....	239	1.3	707	2.1	946	1.8
Puerperal sepsis.....	.....	.....	402	1.2	402	0.8
Puerperal albuminuria.....	.....	.....	263	0.8	263	0.5
Disease of bones.....	118	0.7	200	0.6	318	0.6
Suicides.....	.....	.....	398	1.2	398	0.8
Accidents.....	2,384	13.2	4,758	14.2	7,142	13.8
Homicides.....	31	0.2	322	1.0	353	0.7
Total 37 specified causes.....	16,236	89.6	30,288	90.4	46,524	90.2
All other causes.....	1,876	10.4	3,203	9.6	5,079	9.8
Total deaths at school ages.....	18,112	100.0	33,491	100.0	51,603	100.0

Total deaths at all ages, United States registration area—839,284.

## APPENDIX B

## ESTIMATED MORTALITY AT SCHOOL AGES

(Continental United States, 1911)

Diseases	Ages 5-9	Ages 10-19	Ages 5-19
Typhoid fever.....	1,186	4,049	5,235
Malaria.....	165	263	428
Measles.....	795	481	1,276
Scarlet fever.....	2,357	984	3,341
Whooping cough.....	386	51	437
Diphtheria and croup.....	4,410	1,402	5,812
Influenza.....	157	368	525
Tetanus.....	240	335	575
Tuberculosis of lungs.....	919	10,817	11,736
Acute miliary tuberculosis.....	168	803	1,031
Tubercular meningitis.....	962	778	1,740
Abdominal tuberculosis.....	225	594	819
Other forms of tuberculosis.....	286	724	1,010
Cancer (all forms).....	127	335	462
Acute articular rheumatism.....	665	995	1,660
Diabetes.....	243	737	980
Simple meningitis.....	584	479	1,063
Cerebrospinal meningitis.....	381	344	725
Acute anterior poliomyelitis.....	235	162	397
Epilepsy.....	130	506	636
Acute endocarditis.....	340	656	996
Organic diseases of the heart.....	1,317	3,478	4,795
Broncho-pneumonia.....	987	533	1,520
Lobar-pneumonia.....	841	1,700	2,541
Pneumonia (undefined).....	878	1,330	2,208
Diarrhoea and enteritis.....	656	284	940
Appendicitis and typhlitis.....	933	2,430	3,363
Intestinal obstruction.....	225	295	520
Simple peritonitis.....	171	403	574
Acute nephritis.....	402	508	910
Bright's disease.....	379	1,122	1,501
Puerperal sepsis.....	.....	638	638
Puerperal albuminuria.....	.....	417	417
Disease of bones.....	187	317	504
Suicides.....	.....	632	632
Accidents.....	3,784	7,552	17,336
Homicides.....	49	511	560
Total 37 specified causes.....	25,770	48,073	73,843
All other causes.....	2,979	5,087	8,066
Total deaths at school ages.....	28,749	53,160	81,909

Total deaths at all ages, continental United States—1,332,197.

NOTE.—The above figures should be increased by approximately 4.2 per cent to obtain the estimates for 1913.